

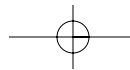
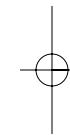
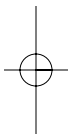


BREASTFEEDING POCKET GUIDE TO HELP YOU HELP YOUR PATIENT

BREASTFEEDING SUPPORT SERVICES

**RHODE ISLAND
BREASTFEEDING COALITION**

IN COLLABORATION WITH
THE RHODE ISLAND DEPARTMENT OF HEALTH
WOMEN & INFANTS HOSPITAL OF RHODE ISLAND, A CARE NEW ENGLAND HOSPITAL



**AVAILABLE
RESOURCES:**

Lactation referral criteria:

- Latch score ≤ 7 for 2 consecutive feedings
- Nipple trauma (blisters, cracks, bruising)
- Pain throughout feeding
- Infant weight loss $\geq 8\%$
- Inadequate urine/stool output
- None/few audible swallowing after 24 hrs of age
- Hx of unsuccessful breastfeeding
- Hx of breast surgery
- Abnormal infant oral anatomy
- Mother of CCN/SCN infant
- Jaundiced infant
- Multiple births
- Premature infant

Lactation consultant will evaluate patient and refer out as needed.

**AVAILABLE
RESOURCES:
(CONTINUED)**

Breastfeeding Warm-Lines

Kent County Hospital

Lactation consultant will return call.

737-7000 x3332

Landmark Medical Center

24-hour call-in information available.

769-4100 x2218

Memorial Hospital of Rhode Island

24-hour call-in information available.

729-2291

Newport Hospital

24-hour call-in information available.

845-1110

South County Hospital

Lactation consultant will return call.

782-8000 x1226

Westerly Hospital

24-hour call-in information available.

348-2229

Women and Infants Hospital

Monday through Friday 9 am to 9 pm. Saturday and Sunday 9 am to 5 pm.

Nurse will return call within 1 hour. Outpatient appointments available. English and Spanish.

(800) 711-7011

Breastfeeding Resources for Professionals

Rhode Island Department of Health

<http://www.health.ri.gov/family/breastfeeding>

Local breastfeeding information and resources for Rhode Island mothers and providers

Academy of Breastfeeding Medicine

<http://www.bfmed.org/>

Worldwide organization of physicians dedicated to the promotion, protection and support of breastfeeding and human lactation

American Academy of Pediatrics

<http://www.aap.org/advocacy/bf/brsection.htm>

Link to AAP policy statement on breastfeeding and the use of human milk

United States Breastfeeding Committee

<http://www.usbreastfeeding.org/>

National breastfeeding protection, promotion and support resources and publications

Breastfeeding Pharmacology

- Women & Infants Hospital Pharmacy (401) 274-1122 x 1265
- Thomas Hale, RPh, PhD, Professor of Pediatrics, Texas Tech University School of Medicine, website at <http://neonatal.ttuhschool.edu/lact/> or "Medications and Mothers' Milk" reference book

**AVAILABLE
RESOURCES:
(CONTINUED)**

Breastfeeding Resources for Patients

Family Health Information Line

(800) 942-7434 (bilingual)

<http://www.health.ri.gov/family/breastfeeding>

Answers to breastfeeding questions and referrals to local resources

Women, Infants & Children (WIC)

(800) 942-7434

<http://www.health.ri.gov/family/wic/whatiswic.htm>

Breastfeeding promotion and support in the Rhode Island WIC Program

La Leche League International

(847) 519-7730

www.lalecheleague.org

Breastfeeding information and support by telephone or through local meetings

National Women's Health Information Center

(800) 994-WOMAN (9662)

www.4woman.gov/Breastfeeding/index.htm

Breastfeeding information and resources for mothers

Breastfeeding Laws in Rhode Island

R.I. Gen. Laws § 23-13.2-1 (2003) requires employers to reasonably accommodate a breastfeeding mother by providing flexible breaks and a safe, clean, private place to pump or breastfeed her child. (HB 5507A, SB 0151A)

R.I. Gen. Laws § 11-45-1 (1998) excludes mothers engaged in breastfeeding from disorderly conduct laws. (HB 8103, SB 2319)

BENEFITS OF BREASTFEEDING

- The nutrient balance in a mother's milk is just right for her infant as he/she grows.
- There are at least 12 anti-inflammatory agents in breastmilk which promote healthy immune system.
- Immunoglobulin-A in colostrum protects the baby against Coxsackie B virus, Staph and E coli bacteria by painting the intestinal tract and blocking the pathogen's adherence to the mucous membrane.
- Lactoferrin prevents the growth of pathogenic organisms such as E coli, Salmonella and Candida Albicans by blocking iron utilization necessary for pathogen survival.
- Breastfeeding decreases the risk of childhood cancers, asthma, bacterial infections, diarrhea, allergies, diabetes and SIDS.
- Breastfeeding has been linked to improved dental hygiene and speech development.
- Breastfeeding reduces the risk of breast, ovarian and endometrial cancer in mothers.
- Breastfeeding mothers return to their pre-pregnancy weight sooner than their bottlefeeding counterparts.

BENEFITS OF BREASTFEEDING (CONTINUED)

The First 24 Hours

- Help all mothers initiate breastfeeding within the first hour of life.
- Promote skin-to-skin contact as much as possible, especially for temperature stability.
- Promote rooming-in throughout the hospital stay.
- Teach feeding cues (increased activity, mouthing, rooting) to mother and her support network.
- Instruct mother to offer the breast every 1-3 hours as baby shows feeding cues.
- Promote frequent suckling and milk removal to aid in milk production.
- Milk production begins following the delivery of the placenta. It takes 3-4 days before the breasts feel heavy with milk.
- Avoid statements such as: "You're starving the baby" or "You don't have enough milk for this baby." Be aware that what you say to a mother and how you say it may undermine her confidence in her ability to provide adequate nutrition for her infant. Use positive and supportive language and body language.

Medical Indications for Supplementation

- DO NOT offer formula or suggest it to the parents unless it is MEDICALLY INDICATED (see chart below).
- If supplementation becomes necessary during this time, expressed breastmilk is always your first choice before formula.

Infant's age	Medical indications for supplementation	Output guidelines
≤24 hours of age	BS≤40 after adequate opportunity to breastfeed Unavoidable separation Maternal medications incompatible with breastfeeding* Infant clinically unable to feed at breast	1 wet diaper 1 meconium by the end of 1st 24 hours
≥24 hours of age	As above Wt loss close to 8-10% accompanied by delayed lactogenesis Latch score ≤7 for 2 consecutive feedings No audible swallowing	2nd day: 2-3 wet & 2 mec-brown 3rd day: 3-4 wet & 2-3 brown 4th day: 6-8 wet & 3-4 yellow seedy

*Verify medications through one of the following sources:

- Women & Infants Hospital Pharmacy (401) 274-1122 x 1265
- Thomas Hale, RPh, PhD, Professor of Pediatrics, Texas Tech University School of Medicine, website at <http://neonatal.ttuhsf.edu/lact/> or "Medications and Mothers' Milk" reference book

LATCH SCORE

	0	1	2
Latch	Too sleepy or reluctant No latch achieved	Repeated attempts Hold nipple in mouth Stimulate to suck	Grasps breast Tongue down Lips Flanged Rhythmic sucking
Audible swallowing	None	A few with stimulation	Spontaneous and intermittent <24 hrs. old Spontaneous and frequent >24 hrs. old
Type of nipple	Inverted	Flat	Everted (after stimulation)
Comfort (Breast/Nipple)	Engorged Cracked, bleeding, large blisters, or bruises Severe discomfort	Filling Reddened/small blisters or bruises Mild/moderate discomfort	Soft Non-tender
Hold (Positioning)	Full assist (staff hold infant at breast)	Minimal assist (i.e. elevate head of bed; place pillows for support) Teach one side, mother does other Staff holds and then mother takes over	No assist from staff Mother able to position & hold infant

If you did not observe the feeding, ask the following questions to obtain latch score:

"L" (latch-on): How easily did your infant grasp your breast? Did it take several attempts?

"A" (audible swallowing): Did you hear your infant swallow? How frequently did you hear it?

"T" (type of nipple): Do your nipples stand out or do they flatten easily?

"C" (comfort): Are your nipples tender? Are your breasts becoming full and heavy?

"H" (help/holding): Did someone help you put the infant to breast? Would you like help with the next feeding?



Example of a good latch

CORRECT POSITIONING

- Most commonly used positions are:
 - a. clutch (football) hold
 - c. cradle hold
 - b. cross-over hold
 - d. lying down*c and d are more challenging at first. We recommend moms start with a and b.*
- Both mother and baby should be comfortable.
- Baby should be chest to chest, at the level of the breast, with mom's arm well supported by pillows.
- Baby's body alignment should be straight: ear, shoulder and the hips in one line.
- Use the forearm to support the body, the palm to support the upper shoulders, holding the base of the head between the thumb and middle finger by placing them on or near the ears.
- Encourage mom to relax, lean back and hold the breast in "C" or "L" hold.
Mom should support the breast, but avoid lifting.
- Holding the breast with one hand and the baby with the other, stroke the upper lip with the nipple. Once the infant has opened the mouth wide enough, swiftly bring the baby to the breast.
- Look for a wide gape as the baby is approaching the breast.
- The latch should be led by the **chin**, nipple aimed towards the roof and back of the mouth. Once latched, both the tip of the nose and the chin should be touching the breast with the lips flanged out.
- Note the wide jaw openings which can be seen near the ears. Rapid suckling slows to steady rhythmic one suck per second after milk flow has started. Frequent, clearly-heard swallowing at least every 2-3 suckles once baby is 24 hours of age.
- Smacking, clicking or dimpling in baby's cheeks or pinching and pain at the breast is not acceptable even if it looks "good" from the outside. Improve positioning or relatch.

FEEDING ASSESSMENT

- Offer breast at least every 2-3 hours and more frequently as baby desires. Infants are the best judge of their hunger. Listen to their feeding cues. 8-12 times a day is average.
- Feeding cues to remember:
 - Wiggling in their sleep
 - Fluttering eyelids
 - Making sucking noise or motion with the mouth and bringing hands to the mouth
- Let the baby nurse as long as he or she wants on the first side then offer the second. Observe for adequate swallowing and comfortable latch.
- Teach mom to massage the breast to help remove more milk. Encourage mom to watch the baby rather than the clock.
- Don't force a sleepy baby to the breast. This will only frustrate the parents and the baby and may undermine mom's ability to feed her baby. Only work with the baby at the breast for 10 min. Give the baby a chance to show her hunger cues.
- Don't give artificial milk unless no breastmilk is available, and infant has a medical reason to be supplemented.
- Minimum output:

Urine output:	1st day: 1	Bowel Movement:	1st day : 1 mec.
	2nd day: 2-3		2nd day: 2 mec/brown
	3rd day: 3-4		3rd day: 2-3 brown
	4th day: 6-8		4th day: 3-4 yellow seedy

* these are general guidelines

- Infants may lose up to 10% of their birth weight. Remember that excessive IV fluid prior to birth may artificially boost the birth weight.

SORENESS VS. TENDERNESS

Soreness:

- Caused by poor latch, incorrect positioning or bad alignment.
- The pain lasts during the whole feeding.
- Teach correct feeding techniques.
- Suggest to air-dry the nipples with expressed breastmilk.
- Suggest use of Lansinoh ointment (sparingly and only on the sore area).
- Start the feedings on the least sore side.
- Call for a referral with 2 latch scores ≤ 7 .

Tenderness:

- Slight tenderness is normal.
- Initial discomfort with latch should not last more than 30 seconds, max 60 seconds.
- Encourage mom to air-dry her breast.
- Use of different positions may decrease tenderness.
- Blisters, "lipstick" shape of the nipples, redness or any bleeding is not normal.
- At the end of the feeding, nipples should be round and slightly elongated.
- Hold the baby more closely with more of areola in the mouth.

PHYSIOLOGICAL VS. PATHOLOGICAL ENGORGEMENT

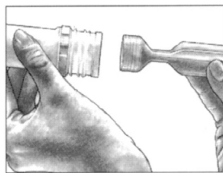
Physiological Engorgement (fullness):

- Normal physiological response to lactation.
- Baby is able to latch-on easily.
- Breast feels a lot softer after the feeding.
- Encourage mom to feed the baby at least every 2-3 hours and anytime baby shows feeding cues.
- Avoid any bottles of formula or pacifiers.
- Continue to monitor infant's output and weight.
- May apply warm compress to the breast for comfort and to promote let-down. Apply cold compress after feeding to reduce swelling.

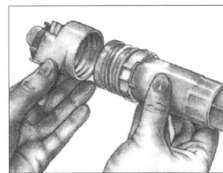
Pathological Engorgement:

- Caused by inadequate milk removal, bottlefeeding using formula, and/or infrequent feedings.
- Breasts are hard, warm to touch and tender.
- Due to tightness of areola, infant is unable to latch correctly.
- Due to swelling, mom is unable to let down.
- Apply ice to the breast followed by warm compress (ice will decrease swelling and heat will increase flow).
- Gently express some milk to soften the areola.
- Feed the baby around the clock and encourage mom to rest and avoid any artificial baby milk.
- Continue to monitor infant output and weight.
- Refer patient to lactation consultant.

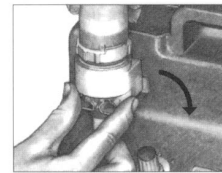
LACTINA ELECTRIC BREASTPUMP ASSEMBLY INSTRUCTIONS



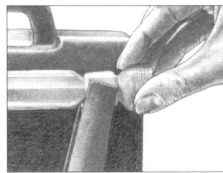
1. Push handle end of piston into cylinder. Make sure the cylinder is labeled "Advanced."



2. Screw cylinder into pump connector VERY TIGHTLY.



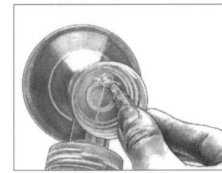
3. Push the pump connector into the opening on the Lactina®. Rotate the connector assembly to the right; make sure the tab on the pump connector fits securely into the slot in the pump housing.



4. Push the narrow section of the piston into the rubber clamp of the pumping arm on the Lactina®. Rotate the piston until it fits snugly in the clamp.



5. Screw bottles into breastshields or use disposable Collection and Storage and Freezing (CSF) Bags article #87010 or #87013 (Sold separately).



6. Push clear ends of tubings into the small round openings in the backs of the breastshields.

PUMPING GUIDELINES

Who should be pumping?

Mothers who have:

- infants in SCN or CCN (need a double kit)
- infants with a weight loss close to 10%, latch scores ≤ 7 x2 and need to be supplemented
- infants who are close to 24 hours old and haven't yet breastfed well (score ≤ 7)
- inverted, flat or sore nipples
- been using a nipple shield
- history of breast surgery
- medical conditions, such as hemorrhage or shock that prevent effective breastfeeding

Frequency and Care

- Pump every 2-3 hours collecting from each breast for approximately 15 minutes.
- Always start at lowest suction level, increase the pressure gradually.
- Inform patient that initially the goal is stimulation, thus may not have any milk.
- Wash the parts with hot soapy water (avoid hand soap, it will leave a residue on the parts), rinse well.
- Don't wash the tubing.

**PUMPING
GUIDELINES
(CONTINUED)**

Breastmilk Collection

- Mother may hand express or pump her breastmilk.
- Use hard plastic or glass containers for long-term breastmilk storage.
- Collect breastmilk in small portions to reduce waste.
- Chilled breastmilk expressed on the same day may be combined.
- Clearly label containers with baby's name and collection date.

Breastmilk Storage/Thawing/Feeding

- Refrigerate fresh or thawed breastmilk within one hour.
- Thaw breastmilk in refrigerator, in bowl of warm water or under warm running water with container tightly sealed. Do not let water touch mouth of container.
- Feed baby breastmilk cool, at room temperature, or warmed up to body temperature.
- Never microwave breastmilk or warm on the stove.
- Use thawed breastmilk within 24 hours. Do not refreeze.
- Swirl container to evenly mix milk before feeding.
- Discard warmed breastmilk not used for feeding.
- Discard breastmilk left in container after feeding if not used within 1 hour.

	Fresh	Refrigerator	Standard Freezer**
HOSPITALIZED	refrigerate w/in 1 hr*	use or freeze w/in 48 hours	up to 3 months
NON-HOSPITALIZED	refrigerate w/in 4 hrs*	use or freeze w/in 72 hours	same as above

**refrigerate immediately if room temperature greater than 77°F or 25°C*

***store up to 6 months in a deep freezer kept at -4°F or -20°C*

PUMP RENTAL

Contact your patient's birthing hospital warm-line or her health insurance provider for pump rental and coverage information.

INFANT WEIGHT LOSS CHART (GRAMS)

BW	8% Loss	BW	8% Loss	BW	8% Loss	BW	8% Loss	BW	8% Loss	BW	8% Loss
2041	1878	2495	2295	2948	2712	3402	3130	3856	3548	4309	3964
2070	1904	2523	2321	2977	2739	3430	3156	3884	3573	4337	3990
2098	1930	2551	2347	3005	2765	3459	3182	3912	3599	4366	4017
2126	1956	2580	2374	3033	2790	3487	3208	3941	3626	4394	4042
2155	1983	2608	2399	3062	2817	3515	3234	3969	3651	4423	4069
2183	2008	2637	2426	3090	2843	3544	3260	3997	3677	4451	4095
2211	2034	2665	2452	3118	2869	3572	3286	4026	3704	4479	4121
2240	2061	2693	2478	3147	2895	3600	3312	4054	3730	4508	4147
2268	2087	2722	2504	3175	2921	3629	3339	4082	3755	4536	4173
2296	2112	2750	2530	3203	2947	3657	3364	4111	3782	4564	4199
2325	2139	2778	2556	3232	2973	3685	3390	4139	3808	4593	4226
2353	2165	2807	2582	3260	2999	3714	3417	4167	3834	4621	4251
2381	2191	2835	2608	3289	3026	3742	3443	4196	3860	4649	4277
2410	2217	2863	2634	3317	3052	3770	3468	4224	3886	4678	4304
2438	2243	2892	2661	3345	3077	3799	3495	4252	3912	4706	4330
2466	2269	2920	2686	3374	3104	3827	3521	4281	3939	4734	3455

At 8% loss, investigate feeding effectiveness and develop feeding plan. If further loss occurs, consider referral to lactation specialist.

INFANT WEIGHT LOSS CHART (POUNDS)

BW	8% Loss	BW	8% Loss	BW	8% Loss	BW	8% Loss	BW	8% Loss	BW	8% Loss
4-8	4-2	5-8	5-1	6-8	6-0	7-8	6-15	8-8	7-13	9-8	8-12
4-9	4-3	5-9	5-2	6-9	6-1	7-9	6-15.5	8-9	7-14	9-9	8-13
4-10	4-4	5-10	5-3	6-10	6-2	7-10	7-0	8-10	7-15	9-10	8-14
4-11	4-5	5-11	5-4	6-11	6-2.5	7-11	7-1	8-11	8-0	9-11	8-15
4-12	4-6	5-12	5-5	6-12	6-3	7-12	7-2	8-12	8-1	9-12	9-0
4-13	4-7	5-13	5-6	6-13	6-4	7-13	7-3	8-13	8-2	9-13	9-1
4-14	4-8	5-14	5-7	6-14	6-5	7-14	7-4	8-14	8-3	9-14	9-2
4-15	4-9	5-15	5-8	6-15	6-6	7-15	7-5	8-15	8-3.5	9-15	9-2.5
5-0	4-10	6-0	5-8.5	7-0	6-7	8-0	7-6	9-0	8-4	10-0	9-3
5-1	4-11	6-1	5-9	7-1	6-8	8-1	7-7	9-1	8-5	10-1	9-4
5-2	4-11.5	6-2	5-10	7-2	6-9	8-2	7-8	9-2	8-6	10-2	9-5
5-3	4-12	6-3	5-11	7-3	6-10	8-3	7-9	9-3	8-7	10-3	9-6
5-4	4-13	6-4	5-12	7-4	6-11	8-4	7-10	9-4	8-8	10-4	9-7
5-5	4-14	6-5	5-13	7-5	6-12	8-5	7-11	9-5	8-9	10-5	9-8
5-6	4-15	6-6	5-14	7-6	6-13	8-6	7-11.5	9-6	8-10	10-6	9-9
5-7	5-0	6-7	5-15	7-7	6-14	8-7	7-12	9-7	8-11	10-7	9-10

At 8% loss, investigate feeding effectiveness and develop feeding plan. If further loss occurs, consider referral to lactation specialist.

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